

Medical Certificate

Date -----

Name-----Age-----Sex-----Passport No.-----NRC No.-----

his/her father name-----Address-----

have examined on (date)-----and have found the followings.

1. General Condition-----

2. Histroy of

- a. Travelling to China within 14 days Yes No
- b. Fever Yes No
- c. Cough Yes No
- d. Shortness of breath Yes No
- e. Contact with comfirmed case of 2019-nCoV Yes No

3. Blood pressure-----mmHg

4. Respiratory system Normal Abnormal

5. Cardiovascular system Normal Abnormal

6. Gastrointestinal system Normal Abnormal

7. Nervous system Normal Abnormal

8. Mental and Cognitive status Normal Abnormal

-----is in good physical and mental health and free from any defect.

I certify that the above statements are correct and complete to the best of my knowledge.

Signature -----

Name -----

Designation -----

Department -----